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## BIB DATA SHEET

CONFIRMATION NO. 4002

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/792,258	03/02/2004	422	1641	36671-716.303	
<b>RULE</b>					
<b>APPLICANTS</b> Kenneth F. Buechler, San Diego, CA;					
<b>** CONTINUING DATA *****</b> This application is a CON of 09/982,629 10/18/2001 PAT 6,905,882 which is a CIP of 09/613,650 07/11/2000 which is a CIP of 08/828,041 03/27/1997 PAT 6,156,270 which is a CIP of 08/447,895 05/23/1995 PAT 6,019,944 which is a DIV of 08/065,528 05/19/1993 ABN which is a CIP of 07/887,526 05/21/1992 PAT 5,458,852 and said 09/982,629 10/18/2001 is a CIP of 08/810,569 03/03/1997 PAT 6,143,576 which is a CIP of 08/447,981 05/23/1995 PAT 5,885,527 which is a DIV of 08/065,528 05/19/1993 ABN which is a CIP of 07/887,526 05/21/1992 PAT 5,458,852 and said 09/982,629 10/18/2001 is a CIP of 08/902,775 07/30/1997 PAT 6,271,040 which is a CIP of 08/810,569 03/03/1997 PAT 6,143,576					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 05/24/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /BAO THUY L NGUYEN/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance BTN Initials	<b>STATE OR COUNTRY</b>  CA	<b>SHEETS DRAWINGS</b>  17	<b>TOTAL CLAIMS</b>  24	<b>INDEPENDENT CLAIMS</b>  3
<b>ADDRESS</b>  WILSON SONSINI GOODRICH & ROSATI 650 PAGE MILL ROAD PALO ALTO, CA 94304-1050 UNITED STATES					
<b>TITLE</b>  Diagnostic devices and apparatus for the controlled movement of reagents without membranes					
<b>FILING FEE RECEIVED</b>  972	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	